

VOCATIONAL AND WORK HISTORY

(To Be Completed By Applicant/Beneficiary)

Parent Number 1

Name: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.

Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly
1.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$	4.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$
2.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$	5.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$
3.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$	6.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$

Parent Number 2

Name: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.

Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly
1.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$	4.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$
2.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$	5.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$
3.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$	6.	<input type="checkbox"/> Work <input type="checkbox"/> Training	From ____/____/____ To ____/____/____	\$

MEDI-CAL U-PARENT DETERMINATION WORKSHEET

(To Be Completed By CWD Staff)

Case name: _____ Worker number: _____

Case number: _____ Date: _____

1. Determination of Principal Wage Earner (PWE)

- a. Application date OR date U-Parent deprivation began: _____
- b. To establish 24-month earnings period, check month on chart for each parent:

Month number 1: subtract two years from line (a): _____

Month number 24: Month/Year immediately preceding line (a): _____

Parent 1's Earnings	Current year _____		Year _____		Year _____	
	\$	Dec.	\$	Dec.	\$	Dec.
	\$	Nov.	\$	Nov.	\$	Nov.
	\$	Oct.	\$	Oct.	\$	Oct.
	\$	Sep.	\$	Sep.	\$	Sep.
	\$	Aug.	\$	Aug.	\$	Aug.
	\$	Jul.	\$	Jul.	\$	Jul.
	\$	Jun.	\$	Jun.	\$	Jun.
	\$	May	\$	May	\$	May
	\$	Apr.	\$	Apr.	\$	Apr.
	\$	Mar.	\$	Mar.	\$	Mar.
	\$	Feb.	\$	Feb.	\$	Feb.
	\$	Jan.	\$	Jan.	\$	Jan.
Total: \$ _____						

Parent 2's Earnings	Current year _____		Year _____		Year _____	
	\$	Dec.	\$	Dec.	\$	Dec.
	\$	Nov.	\$	Nov.	\$	Nov.
	\$	Oct.	\$	Oct.	\$	Oct.
	\$	Sep.	\$	Sep.	\$	Sep.
	\$	Aug.	\$	Aug.	\$	Aug.
	\$	Jul.	\$	Jul.	\$	Jul.
	\$	Jun.	\$	Jun.	\$	Jun.
	\$	May	\$	May	\$	May
	\$	Apr.	\$	Apr.	\$	Apr.
	\$	Mar.	\$	Mar.	\$	Mar.
	\$	Feb.	\$	Feb.	\$	Feb.
	\$	Jan.	\$	Jan.	\$	Jan.
Total: \$ _____						

The parent earning the greater amount is the PWE: _____
(Name of PWE)

2. Is the PWE working 100 hours or more a month? ☐ Yes ☐ No
- If "yes," complete the Unemployed Parent Worksheet (MC 337).

Note: If the PWE is a recipient of Section 1931(b), he/she may exceed 100 hours with no earned income test.